

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
03-001

2. STATE  
Arizona

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
February 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(a)(10)(A)(i)(IV) and 1902 (1)(A) and (B) of the Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 03-04 \$(466,700)  
b. FFY 04-05 \$(466,700).

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 2.2-A, Pg 4a  
Supplement 1 to Attachment 2.6-A, Pg.1  
Supplement 1 to Attachment 2.6-A, Pg. 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Elimination of Supplement 1 to Attachment 2.6-A, Pg 1a

10. SUBJECT OF AMENDMENT:  
Reduce FPL from 140% to 133% for pregnant women  
Clarify the eligibility income level for the categorically needy.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Lynn Dunton

14. TITLE:  
Assistant Director

15. DATE SUBMITTED:  
January 21, 2003

16. RETURN TO:

Lynn Dunton  
Mail Drop 4200  
801 East Jefferson  
Phoenix, Arizona 85034

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
January 22, 2003

18. DATE APPROVED: 4/22/03

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
February 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a) (10) (A)  
(i) (IV) and  
1902(1) (1) (A)  
and (B) of the  
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a) (10) (A) (i) (IV) and 1902(1) (1) (A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a) (10) (A)  
(i) (VI) and  
1902(1) (1) (C)  
of the Act

- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a) (10) (A) (i)  
(VII) and 1902(1)  
(1) (D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

X Children born after  
June 30, 1982

(specify optional earlier date)  
who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in  
Supplement 1 to ATTACHMENT 2.6A.

TN No. 03-001  
Supersedes  
TN No. 01-003

Approval Date APR 22 2003 Effective Date February 1, 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment</u> <u>Amounts</u>
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The income level is 100% FPL based on household size. Please see Supplement 12 to Attachment 2.6-A, pages 2 & 3 for the income methodology.

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:  
based on the following percent of the official  
Federal income poverty level--

X 133 percent

TN No. 03-001  
Supersedes 93-20 Approval Date APR 22 2003 Effective Date February 1, 2003  
TN No. 93-20

HCFA ID: 1985E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 3  
OMB No.: 938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are based on the following percent of the Federal poverty levels:

133 percent for pregnant women

AND

140 percent for infants under one year of age

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TN No. 92-1

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